

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS REPORT

NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☒ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2011

through

M M M / D D D / Y Y Y Y Y Y
06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer

Mr. William Seward

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 19 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		27260.33
(b) Cash on Hand at Beginning of Reporting Period.....	27260.33	
(c) Total Receipts (from Line 19)	50645.06	50645.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	77905.39	77905.39
7. Total Disbursements (from Line 31)	37733.30	37733.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40172.09	40172.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 01 2011

To:

 M M / D D / Y Y Y Y Y
 06 30 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

43428.74

43428.74

(ii) Unitemized

7216.32

7216.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

50645.06

50645.06

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

50645.06

50645.06

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

50645.06

50645.06

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

50645.06

50645.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	733.30	733.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	733.30	733.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	37000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37733.30	37733.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37733.30	37733.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50645.06	50645.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50645.06	50645.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	733.30	733.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	733.30	733.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Hatem (Tim) A. Abou-Sayed MD

Mailing Address 1620 S Congress Ave
Ste 100

City State Zip Code
Palm Springs FL 33461-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 17 / 2011

Transaction ID : 4016AF59F2F80FCF53A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mirza N. Ahmad MD

Mailing Address 4782 Munson St NW

City State Zip Code
Canton OH 44718-3630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2011

Transaction ID : DC92FAD4F437C0F4A1E

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David W. Allison MD

Mailing Address 7915 Lake Manassas Dr
Ste 208

City State Zip Code
Gainesville VA 20155-3260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 25 / 2011

Transaction ID : EAEAF7DFD95650C8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 40
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. M. Hugh Bailey MD FACS

Mailing Address 351 Hospital Rd
Ste 617

City State Zip Code
Newport Beach CA 92663-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2011

Transaction ID : 14922E0817D51A9D6AB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. C. Bob Basu MD

Mailing Address 6400 Fannin St
Ste 2100

City State Zip Code
Houston TX 77030-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Basu Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2011.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2011

Transaction ID : 17EBF0DD-CC13-4C58-

Amount of Each Receipt this Period

2011.00

Full Name (Last, First, Middle Initial)

C. Glenn A. Becker MD

Mailing Address 109 E 61st St

City State Zip Code
New York NY 10065-8523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2011

Transaction ID : 183FEB8B-CB07-4956-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2561.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Keith S. Berman MD

Mailing Address 1055 Hylan Blvd

City State Zip Code
 Staten Island NY 10305-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2011

Transaction ID : 28469976-726D-43A2-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jennifer E. Boll MD

Mailing Address 1520 S Dobson Rd
 Ste 314

City State Zip Code
 Mesa AZ 85202-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 06 / 06 / 2011

Transaction ID : BC06A82DCA975C4CBA8

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Joel E. Borkow MD

Mailing Address 315 Locust St

City State Zip Code
 Johnstown PA 15901-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 05 / 31 / 2011

Transaction ID : 4ADB549429FF7313AC0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John J. Borkowski MD

Mailing Address 85 Church St

City State Zip Code
Middletown CT 06457-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2011

Transaction ID : 82A2E7AB873248019D8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard T. Bosshardt MD

Mailing Address 1879 Nightingale Ln
Ste A2

City State Zip Code
Tavares FL 32778-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2011

Transaction ID : 722E83E015DA02BF4B3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Keith E. Brandt MD

Mailing Address 660 S Euclid Ave
Box 8238, 1150 Northwest Tower

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Div. of Plastic & Reconstructi Surgery

William G. Hamm Prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : 902D07EE16C4BA11BE6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Stephen D. Bresnick MD

Mailing Address 16633 Ventura Blvd
Ste 110

City State Zip Code
Encino CA 91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2011

Transaction ID : E5B8B2C04465BF64DDE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jack G. Bruner MD

Mailing Address Suite 200
2801 K Sreet

City State Zip Code
Sacramento CA 95816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Fort Sutter Medical Building

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2011

Transaction ID : C23974C950AAD1D36C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jennifer B. Buck MD

Mailing Address 35080 US Highway 19 N

City State Zip Code
Palm Harbor FL 34684-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2011

Transaction ID : BC47B84068ACC422401

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Theodore A. Calianos MD

Mailing Address 5 Industrial Dr
Ste 109

City Mashpee State MA Zip Code 02649-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 08 / 2011

Transaction ID : 981129CA6449602F2EB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Holly Casey Wall MD

Mailing Address 8600 Fern Ave

City Shreveport State LA Zip Code 71105-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2011

Transaction ID : 0A10A2DDF84427AC4A3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul S. Cederna MD

Mailing Address 1500 E Medical Center Dr
Tc2130Spc5340

City Ann Arbor State MI Zip Code 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Associate Professor,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2011

Transaction ID : 718FAB89-17C8-4885-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kevin C. Chung MD

Mailing Address 1500 E Medical Center Dr

2130 Taubman Center Space 5340

City

Ann Arbor

State

MI

Zip Code

48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2011

Transaction ID : 4B748E85-9EC7-4534-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Clarkson MD

Mailing Address 1200 E Michigan Ave

Ste 655

City

Lansing

State

MI

Zip Code

48912-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 20 / 2011

Transaction ID : D7D8C9531CE5BEAB4F4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James M. Clayton MD

Mailing Address 280 River Park Dr

Ste 240

City

Provo

State

UT

Zip Code

84604-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2011

Transaction ID : 2A7B94FD250C7CF449D

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lawrence B. Colen MD

Mailing Address 6161 Kempsville Cir
Ste 300

City State Zip Code
Norfolk VA 23502-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norfolk Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2011

Transaction ID : AB7E81EE-506F-4F50-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln
7040 Burnett Womack Building

City State Zip Code
Chapel Hill NC 27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2011

Transaction ID : 28BDD787-2891-4735-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Barry K. Douglas MD

Mailing Address 999 Franklin Ave

City State Zip Code
Garden City NY 11530-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 05 / 2011

Transaction ID : 4EC98EB1FF4EE18E4FB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sepehr Egrari MD

Mailing Address 2950 Northup Way
Ste 100

City Bellevue State WA Zip Code 98004-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 31 / 2011

Transaction ID : 1866C523-EA8A-46B6-

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Frank M. Emery MD

Mailing Address 855 A Ave NE
Ste 120

City Cedar Rapids State IA Zip Code 52402-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2011

Transaction ID : 01B8C2231F373F23C5A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Gregory R.D. Evans MD, FACS

Mailing Address 200 S Manchester Ave
Ste 650

City Orange State CA Zip Code 92868-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of California Irvine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 19 / 2011

Transaction ID : 036DABAC59EA68288C5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PAGE 15 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Todd K. Farnworth MD

Mailing Address 15810 S 45th St
Ste 140

City State Zip Code
Phoenix AZ 85048-7655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2011

Transaction ID : 88760573-637A-41CA-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neil A. Fine MD

Mailing Address 676 N Saint Clair St
Ste 1525A

City State Zip Code
Chicago IL 60611-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2011

Transaction ID : 83C2CA595B7B8E5F3DA

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Lawrence J. Gottlieb MD

Mailing Address 5841 S Maryland Ave
University of Chicago - Mc 6035

City State Zip Code
Chicago IL 60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2011

Transaction ID : F03F0F73-D6A7-4AAC-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jack P. Gunter MD

Mailing Address 8144 Walnut Hill Ln
Ste 170

City State Zip Code
Dallas TX 75231-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2011

Transaction ID : 26F8C70C349878A33E3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Phillip C. Haeck MD

Mailing Address 901 Boren Ave
Ste 1650

City State Zip Code
Seattle WA 98104-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2011

Transaction ID : E378B460C1A9D77488F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Thomas A. Hagerty MD

Mailing Address 117 Marys Ave
Ste 204

City State Zip Code
Kingston NY 12401-5849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2011

Transaction ID : 229463F0DBD3053A0A5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gary D. Hall MD

Mailing Address 14340 Metcalf Ave

City

Overland Park

State

KS

Zip Code

66223-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Cosmetic Surgery, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2011

Transaction ID : BC510B3B1160928530D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert J. Havlik MD

Mailing Address 702 Barnhill Dr
Rm 2514

City

Indianapolis

State

IN

Zip Code

46202-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer

IN Univ Plas Surg Riley Hosp

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2011

Transaction ID : AEDD2B1E-1BA2-4858-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Leonard Hochstein MD

Mailing Address 19495 Biscayne Blvd

City

Aventura

State

FL

Zip Code

33180-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2011

Transaction ID : 8785F7A7-00BB-41BC-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James P. Hopkins MD

Mailing Address 4312 W 110th St

City

Leawood

State

KS

Zip Code

66211-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2011

Transaction ID : FFD0C092619DED17B22

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hampton A. Howell MD

Mailing Address 1345 Westgate Center Dr
Ste A

City

Winston Salem

State

NC

Zip Code

27103-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2011

Transaction ID : 7169810ACCEDA938CA1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas J. Hubbard MD

Mailing Address 329 Phillip Ave

City

Virginia Beach

State

VA

Zip Code

23454-4380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2011

Transaction ID : 5C9AE43B6EF1CEA0FAB

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Wildwood MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2011

Transaction ID : 41812F9F-682D-4A93-

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Timothy A. Janiga MD, FACS

Mailing Address 500 Damonte Ranch Pkwy
Ste 703

City State Zip Code
Reno NV 89521-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2011

Transaction ID : 50B89D5C721589D27F5

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Jeffrey E. Janis MD

Mailing Address 1801 Inwood Rd
Wa4.250

City State Zip Code
Dallas TX 75235-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTSW Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2011

Transaction ID : 314C6303FA2ADC1EF62

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City

Sacramento

State

CA

Zip Code

95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

381.24

Date of Receipt

05 / 31 / 2011

Transaction ID : 4545AF2423647579C04B

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED
AND SETTLED

Full Name (Last, First, Middle Initial)

B. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City

Sacramento

State

CA

Zip Code

95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

381.24

Date of Receipt

06 / 30 / 2011

Transaction ID : 450B9955A17EF0944DBC

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. R. Michael Johnson MD

Mailing Address 30 E Apple St

Wright State Univ, Suite 2200

City

Dayton

State

OH

Zip Code

45409-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 01 / 2011

Transaction ID : 56386DA8DD9BBB5ED0D

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Roderick B. Jordan MD

Mailing Address 2500 Metrohealth Dr

Division of Plastic Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2011

Transaction ID : C0F8EFFC39472EA125C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Denise M. Kenna MD

Mailing Address 1936 Powder Mill Rd

City

York

State

PA

Zip Code

17402-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2011

Transaction ID : E089A004F78976E85D5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Geoffrey R. Keyes MD

Mailing Address 9201 W Sunset Blvd

Ste 611

City

Los Angeles

State

CA

Zip Code

90069-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2011

Transaction ID : 2883EAF093D6FACC75C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sami U. Khan MD

Mailing Address Room 60, Hsc T-19

Suny-Stony Brook University Medica

City State Zip Code
 Stony Brook NY 11794-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Division of Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2011

Transaction ID : 3EB2745C-6976-4637-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Philip C. Kierney MD

Mailing Address 105 27th Ave SE

City State Zip Code
 Puyallup WA 98374-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 06 / 2011

Transaction ID : F5D75CBF1C73F1C204C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. K. Alex Kim MD

Mailing Address 9001 Wilshire Blvd
 Ste 202

City State Zip Code
 Beverly Hills CA 90211-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2011

Transaction ID : EE6A0F49097FABC12BA

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David F. Klein MD

Mailing Address 398 Copperfield Blvd NE

City State Zip Code
Concord NC 28025-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2011

Transaction ID : B342FBF4EEE2796623F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neil Elliot Klein MD

Mailing Address 11480 Brookshire Ave
Ste 306

City State Zip Code
Downey CA 90241-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2011

Transaction ID : C4D45EE63245DDAB085

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Michele D. Koo MD

Mailing Address 333 S Kirkwood Rd
Ste 203

City State Zip Code
Saint Louis MO 63122-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aesthetic Surgery Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : EB171BAEDA1AA489AD2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Michael Leadbetter MD

Mailing Address 4850 Red Bank Rd

1 Plastic Surgery Plaza

City

Cincinnati

State

OH

Zip Code

45227-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2011

Transaction ID : A0EB19EFC1B7049FA88

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Sc Lee MD

Mailing Address 436 N Roxbury Dr

Ste 207

City

Beverly Hills

State

CA

Zip Code

90210-5017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2011

Transaction ID : C32AEE4A94A0368FEC1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dennis J. Lynch MD

Mailing Address 2361 River Ranch Rd

City

Temple

State

TX

Zip Code

76502-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2011

Transaction ID : 2201DCDE94AA3DF4EC7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Philip C. Marin MD

Mailing Address 650 Dittmer Ave

City State Zip Code
Pueblo CO 81005-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2011

Transaction ID : BD03A7C6E8293B44CCE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy J. Marten MD

Mailing Address 450 Sutter St
Rm 2222

City State Zip Code
San Francisco CA 94108-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marten Clinic of Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2011

Transaction ID : FCF32D9A-4B51-4D25-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Robert X. Murphy Jr., MD

Mailing Address 2597 Schoenersville Rd
Ste 305

City State Zip Code
Bethlehem PA 18017-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cosmetic and Reconstructive Specialist

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2011

Transaction ID : C46E9FA9-FE18-44E5-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John Murray MD

Mailing Address 7051 Southpoint Pkwy
Ste 200

City State Zip Code
Jacksonville FL 32216-8713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2011

Transaction ID : BBF9523B0E8746AB117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John M. Osborn MD

Mailing Address 95 Scripps Dr
Downstairs

City State Zip Code
Sacramento CA 95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2011

Transaction ID : 97C6280EFA465B546AD

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Michael J. Pecoraro MD

Mailing Address 450 Jack Martin Blvd
Ste A

City State Zip Code
Brick NJ 08724-7779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2011

Transaction ID : BC3659B10547ADA5D3F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 27 OF 40
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Manuel M. Pena MD
 Mailing Address 6370 Pine Ridge Rd
 Ste 101

City	State	Zip Code
Naples	FL	34119-3906

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2011

Transaction ID : 3F11CEB0AC9D46BEA1B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. John A. Persing MD
 Mailing Address 330 Cedar St
 Boardman Building, 3rd Floor, Rm33

City	State	Zip Code
New Haven	CT	06510-3218

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Yale Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2011

Transaction ID : 26F82ADCFB16E3DEF9C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Linda G. Phillips MD
 Mailing Address 301 University Blvd
 6.124 McCullough Building

City	State	Zip Code
Galveston	TX	77555-5302

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2011

Transaction ID : 26A13DCF-B88B-4AD4-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶

2300.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Byron D. Poindexter MD

Mailing Address 1825 Samuel Morse Dr

City
Reston

State
VA

Zip Code
20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2011

Transaction ID : 89E09C554BAAAE02F33

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Adam G. Ravin MD

Mailing Address 200 Medical Park Dr
Ste 520

City
Concord

State
NC

Zip Code
28025-0943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2011

Transaction ID : B55A5C96-CE39-4F51-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert S. Reiffel MD

Mailing Address 12 Greenridge Ave
Ste 203

City
White Plains

State
NY

Zip Code
10605-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2011

Transaction ID : 823248C3-CA33-4134-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James N. Romanelli MD

Mailing Address 110 E Main St
Ste 6

City State Zip Code
Huntington NY 11743-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2011

Transaction ID : F7CA70237DF44170847

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ernesto J. Ruas MD

Mailing Address 603 S Boulevard

City State Zip Code
Tampa FL 33606-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : AAF30CAD97B43705318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gordon H. Sasaki MD

Mailing Address 800 Fairmount Ave
Ste 319

City State Zip Code
Pasadena CA 91105-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : 5893491B096735E6384

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lori Shoaf

Mailing Address 20 F St NW
Ste 310A

City Washington State DC Zip Code 20001-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Society of Plastic Surgeons

Occupation
Director, Federal Go

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2011

Transaction ID : 0471448D-73B8-40F0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert K. Sigal MD

Mailing Address 1825 Samuel Morse Dr

City Reston State VA Zip Code 20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2011

Transaction ID : 6555885D68C54D5E8C0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gary A. Smotrich MD

Mailing Address 3131 Princeton Pike
Bldg 5

City Lawrenceville State NJ Zip Code 08648-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrenceville Plastic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 30 / 2011

Transaction ID : 541E2870-D098-41B2-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gregory M. Swank MD

Mailing Address 315 19th St SE

City
Hickory

State
NC

Zip Code
28602-4230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Plastic Surgery & Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2011

Transaction ID : 486781BD-2E76-4C85-

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mia Talmor MD

Mailing Address 425 E 61st St
FI 10

City

New York

State

NY

Zip Code

10065-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2011

Transaction ID : 7542C6CF-A961-4CB9-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anne Taylor MD

Mailing Address 2 Easton Oval
Ste 545

City

Columbus

State

OH

Zip Code

43219-8032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University - Plastic Surgeon

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2011

Transaction ID : E683C976-A247-4E52-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Kevin Tehrani MD

Mailing Address 560 Northern Blvd
Ste 109

City State Zip Code
Great Neck NY 11021-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 2CC8758BD4BD6165B12

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ivan M. Turpin MD

Mailing Address 1310 W Stewart Dr
Ste 610

City State Zip Code
Orange CA 92868-3857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
05 / 31 / 2011

Transaction ID : 92431431380D6E5BEAD

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Paul F. Vanek MD

Mailing Address 9485 Mentor Ave
Ste 100

City State Zip Code
Mentor OH 44060-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : 66CF2C9DAA8D4B84867

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Nicholas B. Vedder MD, FACS

Mailing Address 325 9th Ave

Department Surgery, Box 359796

City

Seattle

State

WA

Zip Code

98104-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Professor & Chief of

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2011

Transaction ID : 3F6509AA-188C-4EC9-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul R. Weiss MD

Mailing Address 1049 5th Ave

Ste 2D

City

New York

State

NY

Zip Code

10028-0115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2011

Transaction ID : D715E5666574440FCF5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jane S. Weston MD

Mailing Address 3351 El Camino Real

Ste 201

City

Atherton

State

CA

Zip Code

94027-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 19 / 2011

Transaction ID : 0A4C5E766CDAACFE860

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Whitfield MD, FACS

Mailing Address 1109 E Circle Dr

City State Zip Code
Whitefish Bay WI 53217-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

04 / 13 / 2011

Transaction ID : 42A2B1495E04900A0E12

Amount of Each Receipt this Period

167.58

PACWEB RECURRING CC PAYMENT APPROVED
AND SETTLED

Full Name (Last, First, Middle Initial)

B. Robert M. Whitfield MD, FACS

Mailing Address 1109 E Circle Dr

City State Zip Code
Whitefish Bay WI 53217-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

05 / 13 / 2011

Transaction ID : 4E1C8E94837E90621A0C

Amount of Each Receipt this Period

167.58

PACWEB RECURRING CC PAYMENT APPROVED
AND SETTLED

Full Name (Last, First, Middle Initial)

C. Robert M. Whitfield MD, FACS

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City State Zip Code
Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

06 / 13 / 2011

Transaction ID : 49529D2D581AF01D306B

Amount of Each Receipt this Period

167.58

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

502.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Fred Wilder MD

Mailing Address 3003 Bee Cave Rd
Ste 203

City State Zip Code
Austin TX 78746-5550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2011

Transaction ID : 3FB4F5C6A3E82B8E6C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George P. Zavitsanos MD

Mailing Address 467 Pennsylvania Ave
Ste 203

City State Zip Code
Fort Washington PA 19034-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2011

Transaction ID : 1D38B410ED2CF469E94

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. H. Daniel Zegzula MD

Mailing Address 1040 NW 22nd Ave
Ste 610

City State Zip Code
Portland OR 97210-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2011

Transaction ID : 6A2CBAE62441B8A3B45

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

43428.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 04 2011**Transaction ID : 41D57D8272919A8DD84**

Amount of Each Disbursement this Period

277.70

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 03 2011**Transaction ID : 2F656B03C709A87B8B8**

Amount of Each Disbursement this Period

207.97

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 02 2011**Transaction ID : 0467B11E6EB6C3250AE**

Amount of Each Disbursement this Period

72.22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

557.89

557.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Berkley for Congress

Mailing Address 3069 Conquista Court

City	State	Zip Code
Las Vegas	NV	89121

Purpose of Disbursement
2012 Primary

011

Candidate Name

Shelley BerkleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 0DB959DC47BAF2B5519

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for Congress

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement
2012 Primary

011

Candidate Name

William CassidyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 1F41B1CC0C70FACEC51

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement
2012 Primary

011

Candidate Name

Larry D. BucshonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 8803B217A15AEE81173

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dave Camp for CongressMailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 Primary

Candidate Name

Dave CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 9EB7D7CB49A8A079A29

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
2012 Primary

Candidate Name

Carolyn McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : DC2117B565CE5CCBC2D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address PO Box 188

City Carmel State NY Zip Code 10512

Purpose of Disbursement
2012 Primary

Candidate Name

Nan Alison Sutter HayworthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 23C02766F583F85A484

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gingrey for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement
2012 Primary

011

Transaction ID : CBF141AD3C8445531C6

Amount of Each Disbursement this Period

5000.00

Candidate Name

Phil GingreyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
2012 Primary

011

Transaction ID : 368FB5E524A58DFE16

Amount of Each Disbursement this Period

3000.00

Candidate Name

Michael Clifton BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2011

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2011 Contribution

011

Transaction ID : 4978742774368C6F2AA

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Congressional CommitteeCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
2012 Primary

011

Candidate Name

Peter Anderson Sessions

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : D2AFFD2919DCE09545C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
2012 Primary

011

Candidate Name

Thomas E. Price M.D.

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 62E5179799D5ACE132F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tiberi for CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
2012 Primary

011

Candidate Name

Patrick J. Tiberi

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2011

Transaction ID : 7515B6D602AB13D06B3

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00

37000.00